

Schoolcraft College

Continuing Education

AND Professional Development

1. Are you Hispanic? Yes No
2. Please select one or more races:
 - American Indian or Alaska Native
 - Asian Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

Registration/Admission form | Winter 2012

Please use one registration form per student and duplicate this form as needed.

Before registering notify the college of any change to name, address or phone number(s). Entering new contact information on your registration form does not automatically update your record. See *Changes to Student Contact Information* on page 48 in the schedule book for more information.

Signed waiver agreement is required
for all Physical Fitness classes

<input type="text"/> - <input type="text"/> - <input type="text"/> DATE OF BIRTH	<input type="text"/> STUDENT NUMBER <small>To be assigned to first-time students.</small>	OR	<input type="text"/> - <input type="text"/> - <input type="text"/> SOCIAL SECURITY NUMBER <small>Returning students only need to include the last 4 digits.</small>	<input type="radio"/> Male <input type="radio"/> Female
<input type="text"/> LAST NAME	<input type="text"/> FIRST NAME	<input type="text"/> MI/FORMER NAME		
<input type="text"/> NUMBER AND STREET		<input type="text"/> CITY		
<input type="text"/> STATE	<input type="text"/> ZIP CODE	<input type="text"/> EMAIL ADDRESS		
<input type="text"/> - <input type="text"/> - <input type="text"/> DAY PHONE	<input type="text"/> - <input type="text"/> - <input type="text"/> EVENING PHONE	<input type="text"/> - <input type="text"/> - <input type="text"/> CELL PHONE		

Section No.	CES, CES2, CESN No.	Title of Class	Amount
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>

Are you 60+? See Senior Adult Tuition Policy on page 48 in the schedule book. TOTAL: \$

Mail to: Schoolcraft College
 Cashier: CE
 18600 Haggerty Road
 Livonia, MI 48152-2696



<p>Company-paid tuition: Please send a copy of your purchase order when you register.</p> <p>Co. Name _____</p> <p>Co. Address _____</p> <p>_____</p> <p>Billing Contact Person _____</p> <p>PO# _____</p>	<p>For office use only:</p>
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- Enclosed is my Check/Money Order payable to Schoolcraft College
- Charge to VISA/MC/Discover No. _____ Exp. Date ____/____/____

Signature required for charge card payment (Refund checks are issued to students rather than charge card credits)